

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019849

FILING DATE

01 NOV 2001

APPLICANT(S)

K. L. L. L.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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43			/			
44			/			
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46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			/			
TOTAL DEP.			8			
TOTAL CLAIMS			7			
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
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99						
100						
TOTAL IND.	3					
TOTAL DEP.	29					
TOTAL CLAIMS	32					